

## **African Development Bank Award 62844**

**Agreed amount USD:** 1,000,000

**Award Amount excl. PSC USD:** 934,579

**Remaining Balance excl PSC USD:** 6,604

### **Executive summary**

From a peak of over 500 cases a week in October 2014, with transmission in all 14 districts, Sierra Leone has reached the end of ongoing transmission at 0+42 days. The government and partners are now focussed on ensuring this is a resilient zero and is undertaking a 90 day period of enhanced surveillance.

### **Identification, referral and treatment of cases**

WHO's epidemiology team contributes to the goal of enhanced surveillance, contact tracing and case investigation by providing technical assistance and guidance to partners and districts, ensuring that all contacts are thoroughly investigated, quarantined, monitored, and ensuring complete investigations of cases. The team continues to support the MoHS by compiling epidemiological and surveillance information on EVD incidence, prevalence, and associated contacts as well as preparing and submitting presentations to partners meetings on a daily basis. The data and Geographic Information System (GIS) specialists provide assistance with enhanced mapping of cases and data analysis. WHO continues to work with district epidemiologists and Field Coordinators to encourage daily mandatory reporting of live and death alerts.

With persistently high numbers of new cases and cases occurring outside of contact lists in January 2015, there was a clear need for case investigation and contact tracing activities to be expanded and improved. The ADB funding enabled WHO to increase the deployment of personnel to the field and to focus on addressing the quality of contact tracing. Epidemiologists were deployed to mentor contact tracers, increasing their capacity to conduct thorough surveillance activities. By conducting after action reviews of case investigation studies, WHO epidemiologists identified gaps in case investigations and trained contact tracers to be more actively engaged with extensive investigatory practices.

Further, the surveillance team also designed a revised case definition of EVD terminologies to facilitate understanding of epidemiological terminology, improved case investigation, and contact tracing thereby supporting outbreak response teams.

Such activities led to a reduction in the number of deaths in quarantined homes and to rapid detection of suspect cases which were then tested and new cases treated where required. As case numbers began to fall with the improvement in contact tracing, rapid isolation, and treatment those districts reaching 42days began to focus on establishing more robust district surveillance systems including working with health facilities to review their records. Establishing a robust and sensitive data and surveillance systems is a critical component of maintaining a resilient zero and the first step in enabling rapid response and containment to any future flare ups. Additionally, this work has laid the foundations for Integrated Disease Surveillance and Response (IDSR) improving the monitoring capability for a broad range of health issues.

### Infection Prevention and Control work

In parallel with this work, ADB has funded WHO infection prevention and control (IPC) experts to support the work of the District Ebola Response Centres (DERC) and DHMT in fighting Ebola and Healthcare Associated Infections in Health Care Facilities (HCF). It is important to note that this work is done under the leadership of the MoHS and in collaboration with operational partners including U.S Centre for Disease Control, and UNICEF. IPC has played an important part in the outbreak response ensuring that HCWs are protected from exposure to EVD through safe working practises. Introduction of IPC had a significant impact on reducing the number of staff infected whilst providing care to EVD patients.

An IPC expert has been deployed in each of the 13 districts with 2 in Western Area in addition to the team at country office and an IPC advisor to the newly established MoHS National IPC Unit (NIPCU), supported by WHO. This international team of experts has provided technical support and mentoring to national staff and to NIPCU. During the response, WHO IPC staff focussed on the Ebola treatment centres ensuring appropriate training, safe IPC practises, and leading ring IPC responses around new cases ensuring all HCFs would be IPC compliant in the event a case should present there. Through the monitoring work, 28 ECCs have improved quality; 12215 HCWs have been trained on IPC for Ebola.

In collaboration with the MoHS WHO developed an assessment tool to strengthen the screening and triage process which was then implemented by the IPC experts and national IPC counterparts in the districts to identify the gaps and challenges. The IPC teams worked closely with the DHMT in each district to address these. To date 476 facilities (PHUs and Hospitals) have been assessed, 62 more than once with a total of 558 assessments for screening and triage completed to date.

As the outbreak subsided focus shifted to sustaining a resilient zero and initiating recovery. WHO supported the MoHS in the development, review and roll out of national IPC policy and guidelines setting standards against which all health care providers must act. The team facilitated two workshops with MoHS and partners to validate the guidelines and their roll out. Printing and distribution of 300 copies of the national IPC policy and 5000 copies of the national IPC guidelines in HCFs has started and copies are being distributed across the country. To consolidate this work WHO IPC experts conducted a 2 day training of IPC technical trainers from NGOs and DHMT on the new national guideline. This training of trainers is being cascaded through the districts. Two senior managers' trainings have been undertaken including DMOs, DHS and MoHS program directors covering their roles and responsibilities to support the implementation of the IPC practices and strengthen patient safety.

### Community engagement

Contact tracing, early reporting of symptoms, adherence to recommended protective measures, and safe burials are critically dependent on a cooperative community. Without community cooperation and acceptance the outbreak (spread by community behaviours and practices) cannot be stopped. Sufficient facilities and health staff in place are not enough.

Community engagement and social mobilization activities were initially focussed on awareness raising and the transfer of knowledge to communities. However it became apparent that negative and harmful practices and behaviours were continuing compounding the continually high case rate. In this context social mobilisation and community engagement activities adapted to focus on targeting behaviour changes, emphasizing interpersonal communication through face to face dialogue and identifying that the messenger is as important as the message.

On this premise WHO community engagement staff, in collaboration with UNICEF, DHMTs and other partners focussed on recruiting community leaders (paramount chiefs, traditional healers, religious leaders, town chiefs, and councillors) who share the same sociocultural beliefs and values as the communities and are deemed credible and trustworthy by community members. Community engagement activities were held at least twice in all 149 chiefdoms with intensified efforts during operational surges including 52 activities as part of the Tonkolili surge.

Community engagement and social mobilisation officer also worked in partnership with other pillars of the response and have been an essential element of successful case investigation, contact tracing and quarantine activities. Throughout the last year they have supported epidemiologists and contact tracers to conduct activities with the support of traditional community structures, and have also worked to dispel fear around quarantine homes and engage survivors as positive messengers on this front.

#### Psychosocial support

WHO provided Mental Health and Psychosocial Support (MHPSS) training to frontline responders (social mobilizers, contact tracers, epidemiologists, ambulance drivers, burial teams) to build communication skills, compassionate community engagement, Psychosocial First Aid and cultural understanding.

While there has been extensive PFA trainings at the community level, a need for similar skills training at primary health level, was identified. A total of 140 primary health unit staff (10 per district) received training in basic mental health. 62 Community Health Officers (CHOs) from all 14 districts can now provide specialised services in mental health at the primary health level after undergoing Global Action Program (mhGAP) mental health training. Currently 15 health workers, including one mental health nurse in each district (total 20 in 14 districts), received refresher mental health training from WHO and partners. In addition, mental health nurses are actively conducting outreach activities within the districts.

At the national level, a mental health and psychosocial support workshop was held for partners in Freetown in May of 2015. Similarly, the Sierra Leone Health Sector Recovery Plan (2015-2020) and Mental Health Strategic Plan for 2014-2018 were recently reviewed with MoHS to improve mental health services in the country. At regional level, a high-level mental health meeting for the three Ebola -affected countries was held in Monrovia, Liberia.

#### Coordination, Supervising and (logistics) assistance

With the help of ADB funding WHO operations team continues to maintain a reliable supply of consumables and equipment to bolster the country's needs and field operations. A Logistics Officer has been seconded to PTS1 and 34 Military hospitals, where the main ETCs

in Western Area were located, to build long-term capacity in medical supply chain management and stock management. WHO also continues its vehicle support to the DERC and DHMT throughout the country.

The operationalisation of the WHO and the World Food Programme (WFP) joint operations platform as a pilot programme in 4 districts has seen a marked improvements in the lead time and quality of logistics support provided during emergency response situations. For the last 2 EVD events in Tonkolili and Kambia, working through the joint platform, within 72 hours WHO/WFP was able to provide logistics such as generators, tents for accommodation and office space, prefab ablution facilities, emergency telecommunications (internet), satellite phones and air services to the EVD response teams working on the ground. The project is ongoing until 31 Dec however the process of handover from WFP to WHO has already begun. This project has been a significant success and has capacitate WHO with the skills to provide rapid quality logistics support to future events. Based on this learning experience WHO have now deployed administrative assistants to each district to manage all petty cash and fleet management requirements.

From the beginning of August WHO aligned around a common approach to the procurement of goods and services with procurement centralised at the country office level to ensured accountability towards quality procurement in line with WHO rules. This approach responded to the requirement to meet needs rapidly and the lack of knowledge of many staff hired for short term position. With the reduced demand on emergency procurement there are plans to hand the procurement of services back to unit teams. In comparison, procurement of goods for all districts remains centralised.

WHO agreed to manage the procurement process for MoHS lab units, supporting their capacity and crucial role throughout the outbreak. WHO has managed the procurement of swabs and reagents throughout the year enabling the necessary planning to ensure labs can continue to support crucial response efforts and heightened surveillance work central to maintaining a resilient zero.

WHO will continue to work closely with the MoHS, UNICEF and the National Public Procurement Unit as a key partner in the PPE procurement. WHO is focussed on monitoring goods received, facilitating custom clearance and ensuring supplies are received by the Central Medical Store for storage and distribution. This work has helped to create better accountability records for MoHS and ensure availability of PPE supplies in country.

In line with WHO's goal of supporting the Government of Sierra Leone in establishing effective leadership and coordination of the health sector at the national level, WHO has continued to support the National Health Strategic Planning meetings. WHO co-chairs and supports the health development partner meeting along with the Department for International Development (DfID) and convenes technical UN agency working groups. In this capacity, WHO provides advisory, technical and administrative support during these meetings.

In addition, WHO also participates in technical working groups of different MoHS directorates, providing policy advice and financial support in coordination with other partners. WHO played a role in the development of the 6-9 months early recovery plan, which is targeted at ensuring resilient ZERO and re-activation of essential health services at all the levels of health care delivery.

WHO is also supporting the current transition process from the Ebola response phase to the early health system recovery phase, ensuring a seamless transfer of health responsibilities from the current Ebola response mechanism's NERC and DERCs to the MoHS and DHMTs.

In order to maintain the momentum of the Ebola response and also to ensure that the delivery of routine health services is restored in the districts, WHO continues to provide technical, human resource, financial and logistical support to the DHMTs.

WHO has field offices in all 14 districts, with key staff members such as a field coordinators, epidemiologists/surveillance officers, social engagement officers and administrative staff. Over the past months, the field teams have been instrumental in promoting the objectives of the DERCs and DHMTs in helping to manage relationships, providing logistical supports, facilitating meetings, and conducting trainings.

Specifically, the WHO field teams have continued to facilitate meetings with the Pillar Heads, DERCs and DHMTs for district operational planning on EVD.